

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/03/2015
NAME OF PROVIDER OR SUPPLIER ANT MARY'S FAMILY CARE HOME 1		STREET ADDRESS, CITY, STATE, ZIP CODE 104 W JAMES STREET LA GRANGE, NC 28551		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report by Rick Benton & Robin Fay DHSR-Construction Section conducted a follow-up survey on December 3, 2015 from 1:00pm to 2:00pm at the above referenced facility. Several deficiencies remain from the October 2, 2015 Biennial follow-up survey. There are also new deficiencies that will have to be addressed. The remaining deficiencies and the new listed deficiencies will require another Plan of Correction. They are as follows:	{C 000}		
{C 117}	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report, *RB/RF - 12/3/15 - This deficiency is partially corrected. The provider submitted a copy of the sanitation report to DHSR-Construction while onsite. The sanitation inspection was conducted on May 26, 2015. The report had twenty-five (25) demerits which resulted in a Provisional Sanitation Report. This is unacceptable. The provider must follow the recommendations of the	{C 117}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 117}	Continued From page 1 local sanitarian and must request another inspection immediately. The results of the inspection must be submitted to our office for our records.	{C 117}		
{C 136}	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: 1. Based on observation, the tub/shower floor was not maintained in a safe manner by not providing no-skid strips or a textured surface. This would affect all residents by exposing them to a slip hazard. Findings include: The floor in the front tub/shower has no textured surface or no-skid strips. *RB/RF - 12/3/15 - This deficiency remains uncorrected. The provide must contact a qualified technician to make the necessary corrections to the floor in front of the shower. Provide to our office a copy of the receipt from the technician for verification of the completed work.	{C 136}		
{C 153}	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;	{C 153}		

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{C 153}	Continued From page 2 (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the bedroom furniture was worn and damaged.. Findings include: The bedroom end tables, chest of drawers and other furnishings in the residents bedrooms have the following issues: a) The back left bedroom has a chest of drawers that has a broken drawer, *RB/RF - 12/3/15 - This deficiency is partially corrected. The bedroom chest of drawers has not been replaced and is being used by the resident. Arrange to have an undamaged chest of drawers placed in the residents bedroom for the residents use. Provide to our office any documentation such a receipt for purchase that verifies the completed work.	{C 153}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Based on observation, the building electrical	{C 174}		

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{C 174}	<p>Continued From page 3</p> <p>system was not maintained in a safe manner by having an electrical outlet incorrectly wired</p> <p>Findings include: The GFCI outlet in the front bathroom is indicating it is wired with a reversed polarity.</p> <p>*RB/RF - 12/3/15 - This deficiency remains uncorrected. The electrical outlet remains wired with a reversed polarity. The provide must contact a qualified technician to make the necessary repairs to the outlet. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>NEW DEFICIENCIES</p> <p>1) During the survey, a broken window pane was in the kitchen window. Contact a qualiifed technician to make the necessary repairs to the window. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>2) During the survey, a damaged window shutter was observed on the front left window. Contact a qualiifed technician to make the necessary repairs to the window shutter. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>3) During the survey, it was observed that the crawl space was covered by a piece of plywood that was being supported by another section of wood with concrete blocks holding it in place. Contact a qualiifed technician to make the necessary repairs to the crawl space door. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p>	{C 174}		

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{C 174}	Continued From page 4 4) During the survey, it was observed that the floor tile beside the toilet in the rear bathroom/laundry room was curled up and had become detached from the floor. Contact a qualified technician to make the necessary repairs to the floor tile. Provide to our office a copy of the receipt from the technician for verification of the completed work. 5) During the survey, it was observed that the ceiling in the toilet in the rear bathroom/laundry room had several ceiling stains at or near the light fixture. Contact a qualified technician to make the necessary repairs to the ceiling. Provide to our office a copy of the receipt from the technician for verification of the completed work. 6) During the survey, it was observed that the kitchen cabinet did not have a door installed on it due to damaged hinges and the shelves supports were also damaged. Contact a qualified technician to make the necessary repairs to the cabinet. Provide to our office a copy of the receipt from the technician for verification of the completed work. 7) During the survey, it was observed that the walls in bedroom 1 has stains that remain from dead bedbugs when the home was exterminated. Arrange for someone to clean and sanitize the walls in bedroom 1. Provide to our office a picture of the cleaned wall for verification of the completed work. 8) During the survey, it was observed that the attic pulldown steps broke apart when DHSR-Construction surveyors tried to access the attic space. Contact a qualified technician to make the necessary repairs to the attic access	{C 174}		

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{C 174}	Continued From page 5 steps. Provide to our office a copy of the receipt from the technician for verification of the completed work. 9) During the survey, it was observed that a section of the gutter downspout was missing. Contact a qualified technician to make the necessary repairs to the downspout. Provide to our office a copy of the receipt from the technician for verification of the completed work. 10) During the survey, it was observed that a moldy shower suction mat was being used in the rear bathroom/laundry room. Arrange for someone to remove this mat and have a new mat placed in the shower. Provide to our office a receipt for the purchase of the new mat for verification of the completed work. 11) During the survey, it was observed that the fire extinguishers had expired dates. Contact a qualified technician to make the necessary upgrades to the fire extinguishers. Provide to our office a copy of the receipt from the technician for verification of the completed work.	{C 174}		